Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds Mental Health Trust Fund

1st Quarter Report for the 2007-08 Fiscal Year

For the County/City of_____

DEPOSITS	July	August	September	Total
1. Sales Tax				
a. Allocation				
b. Less: State Hospital Offset				
c. Less: Managed Care Offset				
d. Total Sales Tax Revenue				
2. County/City Matching Funds				
a. Mental Health Match				
b. Vehicle License Collection Allocation				
c. Vehicle License Fees Annual Base				
d. Total Matching Funds				
3. Other (identify)				
4. Total Funds Deposited				
DISBURSEMENTS				
5. Transfers to Operating Funds				
6. Other (identify)				
7. Total Funds Disbursed TRANSFERS				
8. Transfers in (out) to Other Trust Funds				
Questions concerning the preparation of this Telephone No. ()		to		
Certification:				
As Mental Health Director for the County/City accurate, and complete.	of	, I cer	tify that the amounts stated or	n this report are true,
Mental Health Director () Telephone No.		ne No.	Date	
As Auditor-Controller for the County/City of _	the County/City of, I concur with the Mental Health Director that the amount		Director that the amounts	
stated on this report are true, accurate, and c				
	_ ()			
Auditor-Controller	Telepho	ne No.	Date	

MENTAL HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2007-08 First Quarter Report.

- Reports must be returned by January 12, 2008, to the State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- Report 2007-08 first guarter deposits made July through September 2007.
- Refer to the remittance advice received with your payments.
- Do not enter amounts in gray areas.

Deposits

1	ı	Sal	les	tax

a. Allocation In column titled "September," enter the total amount allocated W & I Code Sec. 17601 September 27, 2007.

b. Less: State Hospital Offset W & I Code Sec. 17601

In column titled "September," enter the State Hospital Service contract offsets made in September 2007.

Note: Counties making direct payments should enter -0- and refer to line 6.

c. Less: Managed Care Offset In column titled "September," enter the Managed Care Program offset

amount made in September 2007.

d. Total Sales Tax Revenue

Enter the total of lines 1a, 1b, and 1c.

2. County/City Matching Funds

a. Mental Health Match W & I Code Sec. 17608.05

Enter the amount of local matching funds deposited from July through September 2007 in accordance with the schedule developed by the State Department of Mental Health.

b. Vehicle License Collection Allocation

In the column titled "September," enter the amount deposited September 27, 2007.

c. Vehicle License Fees Annual Base

d. Total Matching Funds

In the columns titled "August and September," enter the amount deposited in August and September 2007.

Enter the total of lines 2a, 2b and 2c.

Enter and identify all miscellaneous deposits.

4. Total Funds Deposited

Enter the total of lines 1d, 2d, and 3.

Disbursements

5. Transfers to Operating Funds

Enter the total amounts transferred to other funds for spending purposes.

6. Other (identify)

3. Other (identify)

Enter and identify any other disbursements made during the first quarter.

7. Total Funds Disbursed

Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other Trust Funds

W & I Code Sec. 17600.20

Enter the transfers In (Out) between trust fund accounts.

Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds Health Trust Fund

1st Quarter Report for the 2007-08 Fiscal Year

For the County/City of

		July	August	September	Total
1. Sales Tax					
a. Alloca	tion				
b. Less:	CMSP Offset				
c. Total	Sales Tax Revenue				
2. County/Cit	ty Matching Funds				
a. Health	n Match				
b. Vehicl	e License Fee				
i. Al	llocation				
ii. Le	ess: CMSP Offset				
c. Total l	Matching Funds				
3. Other (ide	ntify)				
4. Total Fund	ds Deposited				
DISB	URSEMENTS				
5. Transfers	to Operating Funds				
6. CMSP Pag	yments				
7. Other (ide	ntify)				
8. Total Fund	ds Disbursed				
TF	RANSFERS				
TransfersOther Trus					
Other Trus	st i unus				
Questions con	cerning the preparation of this rep	ort should be directed to _			
Telephone No	. ()				
Certification:					
	ctor for the County/City of		. I certify	that the amounts stated on t	his report are true.
accurate, and			,, ,		,
		()			
	lealth Director	()_ Telephone No).	Date	
As Auditor-Co	As Auditor-Controller for the County/City of, I concur with the Health Director that the amounts			hat the amounts	
	report are true, accurate, and com				
Λ.	uditor-Controller	() Telephone No		 Date	

HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2007-08 First Quarter Report

- Reports must be returned by January 12, 2008, to State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- Report 2007-08 first quarter deposits made July through September 2007.
- Refer to the remittance advice received with your payments.
- Do not enter amounts in gray areas.

Deposits

1. Sales Tax

a. Allocation In columns titled "September" enter the total amount allocated September 27, W & I Code Sec. 17603 2007.

b. Less: CMSP Offset Enter the amounts of the County Medical Services Program (CMSP) offsets from September 2007. Note: Counties making direct payments should enter-

0- and refer to line 6.

c. Total Sales Tax Revenue Enter the total of line 1a and 1b.

2. County/City Matching Funds

a. Health Match In columns titled "July, August, and September" enter the gross amount of W & I Code Sec. 17608.10(a) local matching funds deposited from July through September 2007, based on

the schedule shown in W & I Code Section 17608.10.

b. Vehicle License Fee W & I Code Sec. 17608.10(b)

Allocation Enter the amount of county/city matching funds deposited as Vehicle License
 Fees in the columns titled "August, and September," enter the total amount

allocated on August 27, and September 27, 2007, respectively.

ii. Less: CMSP Offset W & I Code Sec.17604.05 Enter the amount of the County Medical Services Program offset from August through September 2007. Note: Counties making direct payments should

enter -0- and refer to line 6.

c. Total Matching Funds Enter the total of line 2a, 2b(i), less 2b(ii).

Other (identify)
 Enter and identify all miscellaneous deposits.

4. Total Funds Deposited Enter the total of lines 1c, 2c, and 3.

Disbursements

Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.

CMSP PaymentsEnter the amounts from counties/cities making direct CMSP payments to the

Department of Health Services.

7. Other (identify) Enter and identify any other disbursements made during the first quarter.

8. Total Funds Disbursed Enter the total of lines 5, 6, and 7.

Transfers

9. Transfers In (Out) to Other Trust Funds, Enter the transfers In (Out) between trust fund accounts. W & I Code Sec. 17600.

Office of the State Controller of California **Division of Accounting and Reporting** Report of Local Health and Welfare Trust Funds

Social Services Trust Fund

1st Quarter Report for the 2007-08 Fiscal Year

For the County of	

DEPOSITS	July	August	September	TOTAL
1. Sales Tax				
a. Allocation				
2. Vehicle License Fees				
a. Vehicle License Fees Annual Base				
Other (identify)				
Total Funds Deposited				
DISBURSEMENTS				
5. Transfers to Operating Funds				
6. Other (identify)				
7. Total Funds Disbursed				
TRANSFERS				
8. Transfers In (Out) to				
Other Trust Funds				
Questions concerning the preparation of	·	ed to		
Telephone No. () Certification:				
As Social Services Director for the Cour	nty of	, I ceri	tify that the amounts stated on	this report are true,
accurate, and complete.				
Social Services Director Telephone No. Date				
As Auditor-Controller for the County of, I concur with the Social Services Director that the amounts stated				
on this report are true, accurate, and con	mplete.			
Auditor-Controller	() Telephon	- No	Date	

Telephone No.

SOCIAL SERVICES TRUST FUND INSTRUCTIONS

Instructions for the 2007-08 First Quarter Report.

- Reports must be returned by January 12, 2008, to the State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Social Services and the County Auditor-Controller.
- ♦ Report 2007-08 first quarter deposits made July through September 2007.
- Refer to the remittance advice received with your payments.
- Do not enter amounts in gray areas.

Deposits

1. Sales Tax

a. Allocation In column titled "September," enter the total amount allocated

September 27, 2007.

2. Vehicle License Fees

Annual Base

a. Vehicle License Fees In the columns titled "August and September" enter the amount deposited

on August 27, and September 27, 2007 respectively.

3. Other (identify) Enter and identify all miscellaneous deposits.

4. Total Funds Deposited Enter the total of lines 1a, 2a and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.

6. Other (identify) Enter and identify any other disbursements made during the first guarter.

7. Total Funds Disbursed Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other

Trust Funds

W & I Code Sec. 17600.20

Enter the Transfers In (Out) between trust fund accounts.